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## BIB DATA SHEET

CONFIRMATION NO. 3916

<b>SERIAL NUMBER</b> 10/762,114	<b>FILING or 371(c) DATE</b> 01/21/2004 <b>RULE</b>	<b>CLASS</b> 438	<b>GROUP ART UNIT</b> 1792	<b>ATTORNEY DOCKET NO.</b> 02-IMP-005	
<b>APPLICANTS</b> Peter L. Kellerman, Essex, MA; Victor M. Benveniste, Gloucester, MA; William F. DiVergili, MA; Michael P. Bradley, Canada <b>** CONTINUING DATA *****</b> This application is a CIP of 10/702,368 11/06/2003 /R.D./ <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/24/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /RAKESH KUMAR DHINGRA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 17 <del>64</del>	<b>INDEPENDENT CLAIMS</b> 3 <del>5</del>
<b>ADDRESS</b> ESCHWEILER & ASSOCIATES, LLC NATIONAL CITY BANK BUILDING 629 EUCLID AVE., SUITE 1000 CLEVELAND, OH 44114 UNITED STATES					
<b>TITLE</b> SYSTEM AND METHOD FOR PERFORMING SIMOX IMPLANTS USING AN ION SHOWER					
<b>FILING FEE RECEIVED</b> 1734	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		